An 88-year-old male was brought to our center from another hospital because of abdominal pain and fever related to intestinal perforation. He presented with high blood pressure that had been treated with amlodipine and diffuse large B-cell lymphoma with infiltration of the cecum treated with chemotherapy and radiotherapy in 2008. He had had a left hemispheric transient ischemic attack 1 month before, and antiplatelet treatment was begun. The patient was transferred to our center, where a recurrence of lymphoma was suspected. Four days after admission, the patient experienced an episode of aphasia and right hemiplegia, and a diagnosis of left middle cerebral artery stroke was made. Carotid duplex ultrasonography showed an irregular atherosclerotic plaque in the left carotid bifurcation, with a left internal carotid floating thrombus (Figure 1 and online-only Data Supplement Movie I). A hypercoagulable state was considered, and anticoagulation treatment with low-molecular-weight heparin was initiated, with a progressive reduction of the thrombus load (Figure 2 and online-only Data Supplement Movie II). Neurological status remained unchanged. The patient was discharged under anticoagulant treatment but was later readmitted because of respiratory insufficiency, and the patient died 24 hours later.

Disclosures
None.
Threatening Internal Carotid Artery Floating Thrombus: Left Middle Cerebral Artery Stroke in a Patient With Lymphoma
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